

Name  
in  
Full

Anna E C Andrews

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	<i>January</i> <sup>Month</sup>	<i>20</i> <sup>Day</sup>	<i>89</i> <sup>Years</sup>	<i></i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Dor Co Md</i>	
Married, Single or Widowed <i>Married</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>Samuel Andrews</i>					
Father's Name <i>Nathaniel Andrews</i>				Father's Birthplace <i>Dor Co Md</i>	
Mother's Maiden Name <i>Caroline A Andrews</i>				Mother's Birthplace <i>" " "</i>	
Name of person giving information <i>daughter Mrs J Phelps</i>				How related to deceased <i>daughter</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Old age</i>	How long <i></i>
Immediate <i>Apoplexy</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Don G. L. Lough</i>
<i>D</i>	Address <i>Cambridge Md</i>
	Accident or Suicide? <i></i>



Name  
in  
Full

## CERTIFICATE OF DEATH

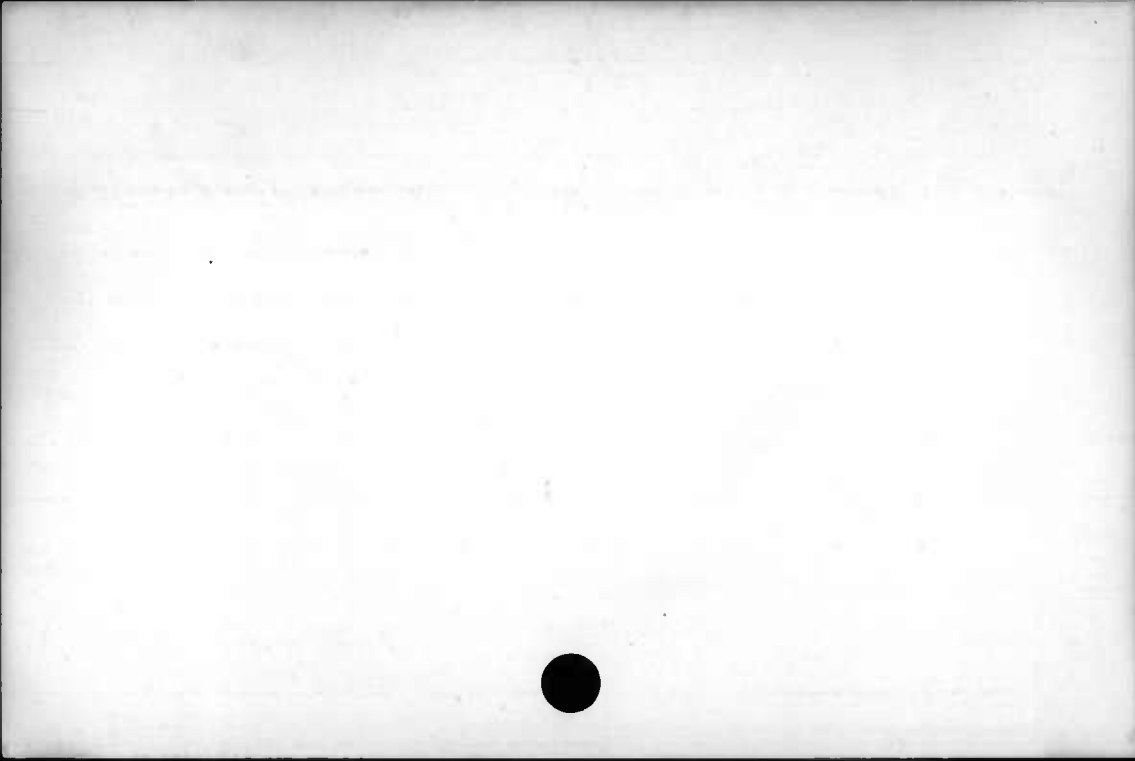
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mission</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death 190 <i>0</i>	Month <i>Jan.</i>	Day <i>13<sup>th</sup></i>	Age <i>83</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Col.</i>		Birth-place <i>Dn. Co. Md.</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Labourer</i>				
Name of Wife or Husband <i>Livania Name</i>					
Father's Name <i>Don't know</i>			Father's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>" "</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Livania Bailey</i>			How related to deceased <i>Wife</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Old age</i>	How long <i>154</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Probably</i>	Signature of Physician <i>Howard Richardson M.D.</i>
	Address <i>Church Creek, Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Name in Full *William Carmine*  
 Died at *E. Newmarket* <sup>Town</sup> *Bor.* <sup>County</sup> *—* <sup>MARYLAND</sup>  
 Date 1903 *1* <sup>Month</sup> *20* <sup>Day</sup> *74* <sup>Y.</sup> *—* <sup>M.</sup> *—* <sup>D.</sup> *—* <sup>Native of</sup> *Md.* <sup>Occupation</sup> *Mechanic*  
 Male *White* *Married* *Widow* *Divorced*  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *1*

Husband of *Annie Carmine*  
 Wife *—*  
 Father's Name *Not Known* Mother's Name *Could not learn*  
 Maiden Name *—*

Cause of Death *Apoplexy* *at* *Dr. Sayer*  
 Primary *about 5 min.*  
 Intermediate *—*  
 Accident, Suicide, Homicide

Reported by *Dr. Sayer*  
 Address *E. Newmarket*  
*Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John S Cornwell  
 Town County  
 Died at Vienna Winchester MARYLAND  
 Date 1903 23 Jan Y. M. D. Age 82 Native of Maryland Occupation Retired book  
 Male White Married Widower Divorced  
 Female Colored Single Widower Number of children living 4  
 Husband of  
 Wife  
 Father's Name Mother's Maiden Name 106  
 Cause of Death { Primary Chronic diarrhoea Immediate Intestinal  
 How long sick years  
 Accident, Suicide, Homicide  
 Reported by Reported by S. S. Emcey M. D.  
 Address Vienna Winchester Co.  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mrs Jane Coulborn

Died at  
GalestownCounty  
Dor

MARYLAND

1903      Month      Day      Y.      M.      D.      Native of      Occupation  
 Date 189      Jan      10      Age 45      Dor      House wife  
 Male      White      Married      Widow      Divorced  
 Female      Colored      Single      Widower      Number of children living 3

Husband of Mrs C Coulborn  
 Wife of John  
 Father's Name John Tull

Mother's Name

Cause of      Primary      Pregnancy      How long sick      20 hours  
 Death      Immediate      Eclampsia 138      Accident, Suicide, Homicide

Reported by      E. R. Osher

Address      Galestown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY-BUREAU, 65958



Name in Full

Certificate of Death

Roy Edward Lashill

Town

County

Died at

E. N. Market St or

MARYLAND

Date 1903

Month

Day

Age

6

M.

D.

Native of

Md.

Occupation

Male

~~White~~~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

~~Husband~~ of

Wife

Father's

Name

Infant  
George Lashill

Mother's

Maiden Name

could not learn

Cause of

Primary

How long sick

Death

~~Immediate~~

Broncho, Pneumonia

~~Accident, Suicide, Homicide~~

Reported by

Dr. Sayers

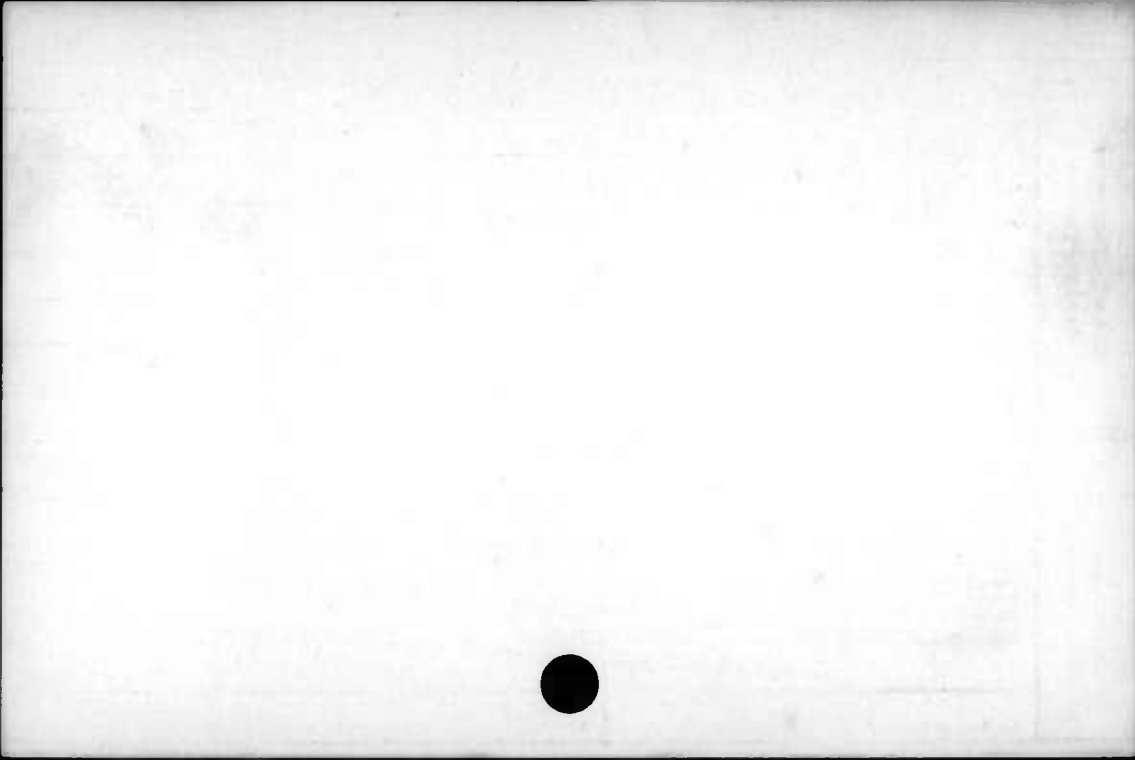
Address

E. N. Market

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Fleetwood				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Federalshburgh		Dor		MARYLAND	
	Date of death 1903	Month Jan	Day 29	Age	Years	Months	Days
	Sex	Female		Color or Race	white		Birth- place
	Married, Single or Widowed			Occupation			
	Name of Wife or Husband						
	Father's Name			I H Fleetwood		Father's Birthplace	Del
	Mother's Maiden Name			Viola Prethymann		Mother's Birthplace	Del
Name of person giving In formation			Father		How related to deceased		father
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	151				How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?			yes			
	Signature of Physician			R. Kemp Jefferson			
Address			Federalshburgh md				
Accident or Suicide? <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide							



Name  
in  
Full

Thomas Wicks

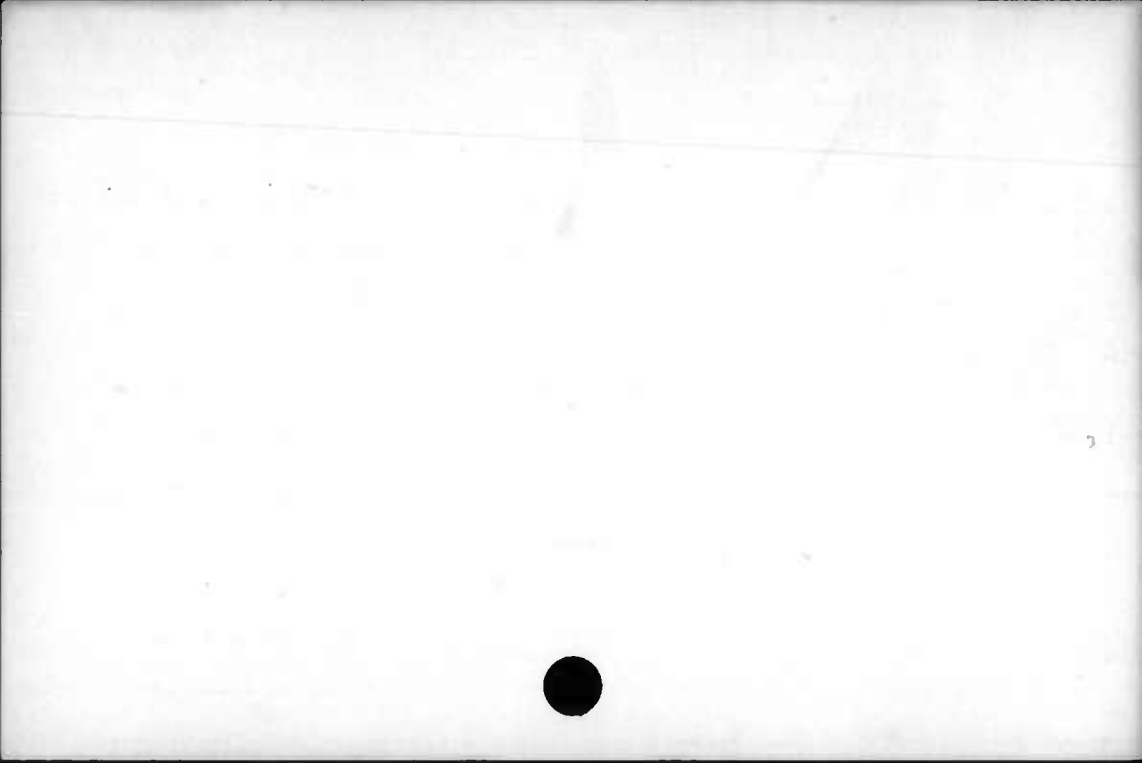
## CERTIFICATE OF DEATH

Died <sup>Year</sup> 1903		<sup>Town</sup> Milton		<sup>County</sup> Rochester		MARYLAND	
Date of death 1903		<sup>Month</sup> Jan.		<sup>Day</sup> 3rd		<sup>Years</sup> 84	
Sex Male		Color or Race Mulatto		Birthplace Dr. Co. Md.			
Occupation Farmer				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Lizzie Moore		Father's Birthplace Dr. Co. Md.			
Father's Name Illegitimate (White Man)				Mother's Birthplace " " "			
Mother's Maiden Name Don't know				How related to deceased Son			
Name of person giving Information Palestine S. Wicks							

## CAUSES OF DEATH

PHYSICIAN OF CORONER	Primary	Probably Centuro Polio	How long	14
	Immediate	Dysentery *	How long	Don't know
	Are the name, age, sex, color, date and place correctly given above? Probably		Signature of Physician R. L. Leticum	
	I did not attend Wicks during his last illness		Address Church Creek, Md.	
Accident or Suicide?				

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OF CORONER



Name  
in  
Full

Henry O. Hubbard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death 190 <i>8</i>	Month <i>May</i>	Day <i>22</i>	Age <i>82</i> Years	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Dorchester Co. Md</i>		
Married, Single or Widowed <i>Married</i>	Occupation				
Name of Wife or Husband <i>Miss Sarah K Marshall</i>					
Father's Name <i>Henry Hubbard</i>				Father's Birthplace	
Mother's Maiden Name <i>Jessie North</i>				Mother's Birthplace	
Name of person giving information <i>Wife's daughter</i>				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Erysipelas</i>	How long <i>10 days</i>
Immediate <i>meningitis</i>	How long <i>5 days about</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>P. M. G. L.borough</i>
	Address <i>Cambridge Md</i>
Accident or Suicide?	



Name  
in  
FullLiza J.  
TownHubbard  
County

## CERTIFICATE OF DEATH

Died at

Cambridge

Dorchester

MARYLAND

Date

of death 190

3

Month

January

Day

25

Age

Years

55

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Baltimore Md

Married, Single  
or Widowed

Married

Occupation

House wife

Name of Wife or  
Husband

James H. Hubbard

Father's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
information

108

How related  
to deceased

## CAUSES OF DEATH

Primary

Obstruction of Bowels

How long

Immediate

E. Laurin

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

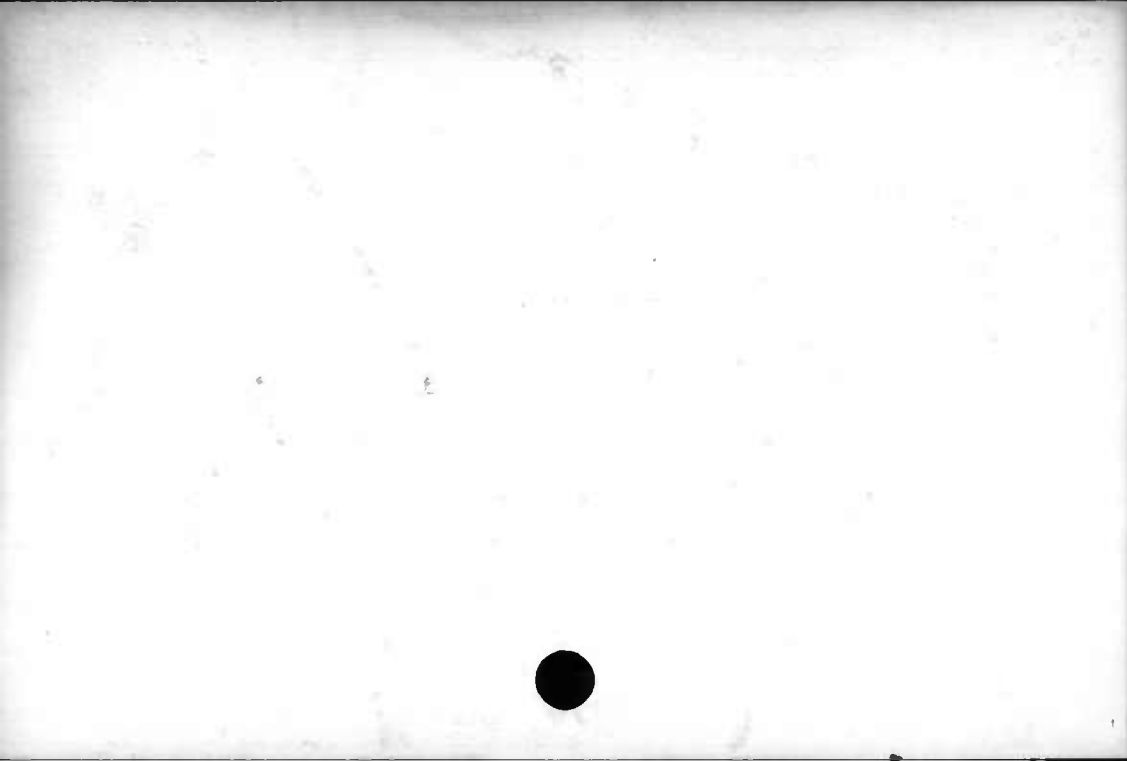
B. W. Goldsmith

Address

Cambridge Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

Died at		Town <i>Amesbury</i>	County <i>Amherst</i>		MARYLAND	
Date 189	Month	Day	Y	M	D	Native of
<i>903</i>	<i>23</i>	<i>June</i>				<i>Italy</i>
Male	White	Age	Married	Widow	Divorced	Occupation
Female	Colored	Single		Widower	Number of children living	
Husband of						
Wife						
Father's Name	<i>John Y. Jones</i>		Mother's Name		<i>Mary Jackson</i>	
Cause of Death	Primary	<i>Stroke</i>				How long sick
	Immediate					Accident, Suicide, Homicide
Reported by	<i>John Jones</i>					
Address	<i>Amesbury</i>					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

Viola Lealand

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death 1903	Month January	Day 20	Age 71	Years	Months	Days	
Sex Female	Color or Race White -		Birth- place Dorchester Ma				
Married, Single or Widowed Single		Occupation					
Name of Wife or Husband							
Father's Name Fabricius Lealand				Father's Birthplace Va			
Mother's Maiden Name Rebecca Barclay				Mother's Birthplace Dorchester Ma			
Name of person giving Information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long
Immediate	E Lauder	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		Address Cambridge Ma
Accident or Suicide?		



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Date 1923

Month Day

Y. M. D.

Native of

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Immediate

How long sick

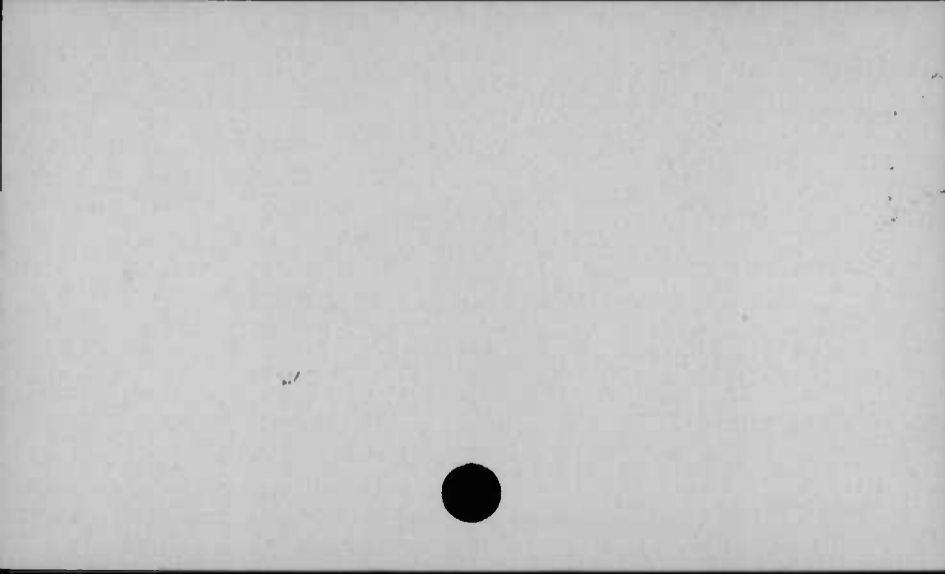
~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

Christopher Lang

## CERTIFICATE OF DEATH

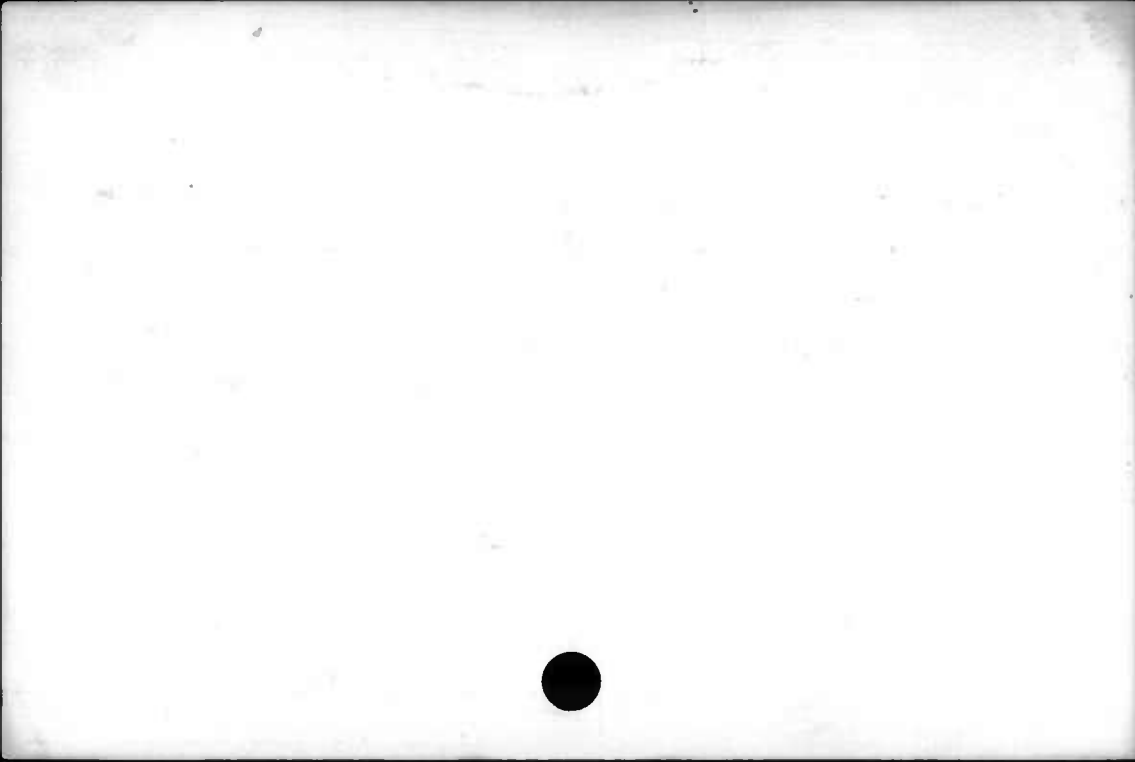
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i>		Town <i>Cambridge</i>		County <i>Worcester</i>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>Jan</i>	Day <i>3</i>	Age <i>61</i>	Years	Months	Days <i>10</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Green Anne Co. Md.</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Wheelwright</i>					
Name of Wife or Husband <i>Mary J. Baxter</i>							
Father's Name <i>Sam'l Lang</i>				Father's Birthplace <i>Green Anne Co. Md.</i>			
Mother's Maiden Name <i>Elizabeth Price</i>				Mother's Birthplace <i>Green Anne Co. Md.</i>			
Name of person giving information <i>Mary J. Lang</i>				How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cutting throat - with razor</i>	How long <i>—</i>
Immediate <i>Hemorrhage</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Henry Smith</i>
	Address <i>Cambridge Md</i>
<i>Accident</i> or Suicide?	



Name  
in  
Full

Infant - Matthews

## CERTIFICATE OF DEATH

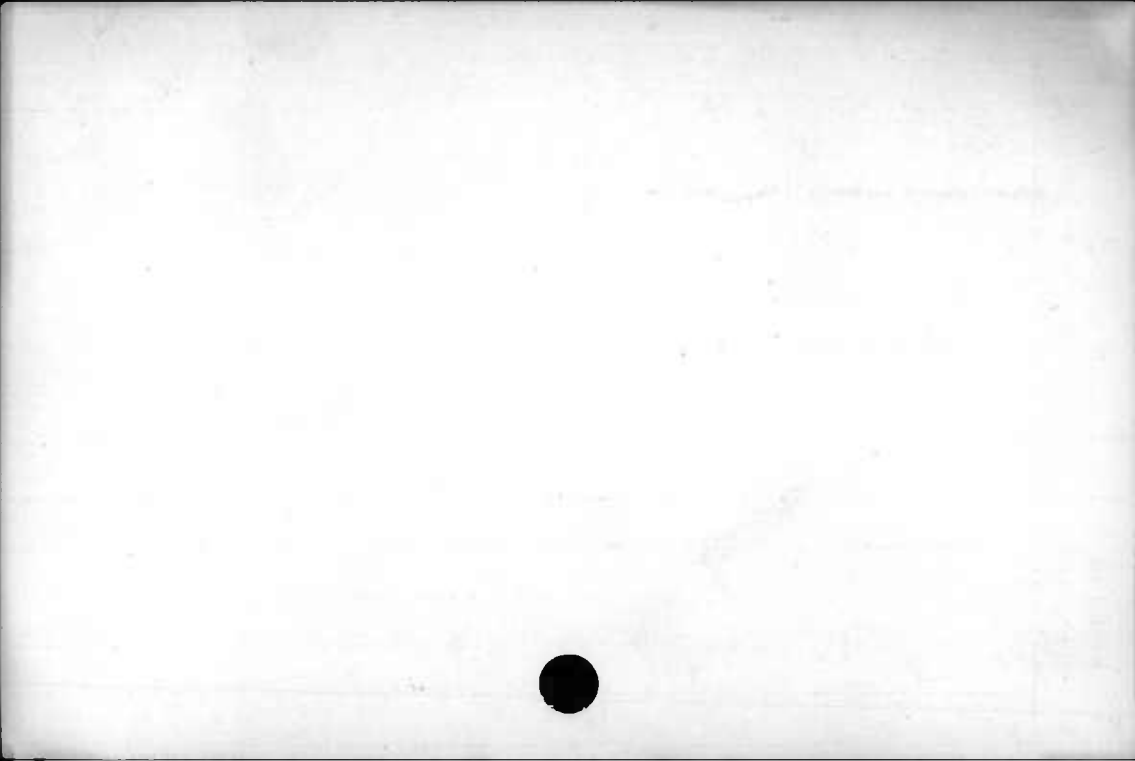
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Church Creek		County Dorchester		MARYLAND	
Date of death	1903	Month Jan	Day -	Age 0	Years 0	Months 0	Days -
Sex	Female		Color or Race	Col.		Birth- place	Dor Co, Md
Married, Single or Widowed	Infant			Occupation Infant			
Name of Wife or Husband	Infant						
Father's Name	Illegitimate					Father's Birthplace	Probably Dor Co, Md
Mother's Maiden Name	Melvinia Matthews					Mother's Birthplace	Dor Co, Md
Name of person giving In formation	Melvinia Matthews					How related to deceased	Mother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Don't know		How long	
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	179		Signature of Physician	R. L. Lathicum M.D.
			Address	Church Creek, Md
Accident or Suicide?				



Preston Miles

Town

County

MARYLAND

Died at

Cambridge Dorchester

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Jan. 17,

Age 36

Md.

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Thomas Miles

Mother's

Maiden Name

Lucretia Parry -

Cause of

Primary

Pneumonia

How long sick

22 days

Death

Immediate

93

~~Accident, Suicide, Homicide~~

Reported by

Wilbur A. Drake, M.D.

Address

Cambridge Dorchester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Daisy May Parks

## CERTIFICATE OF DEATH

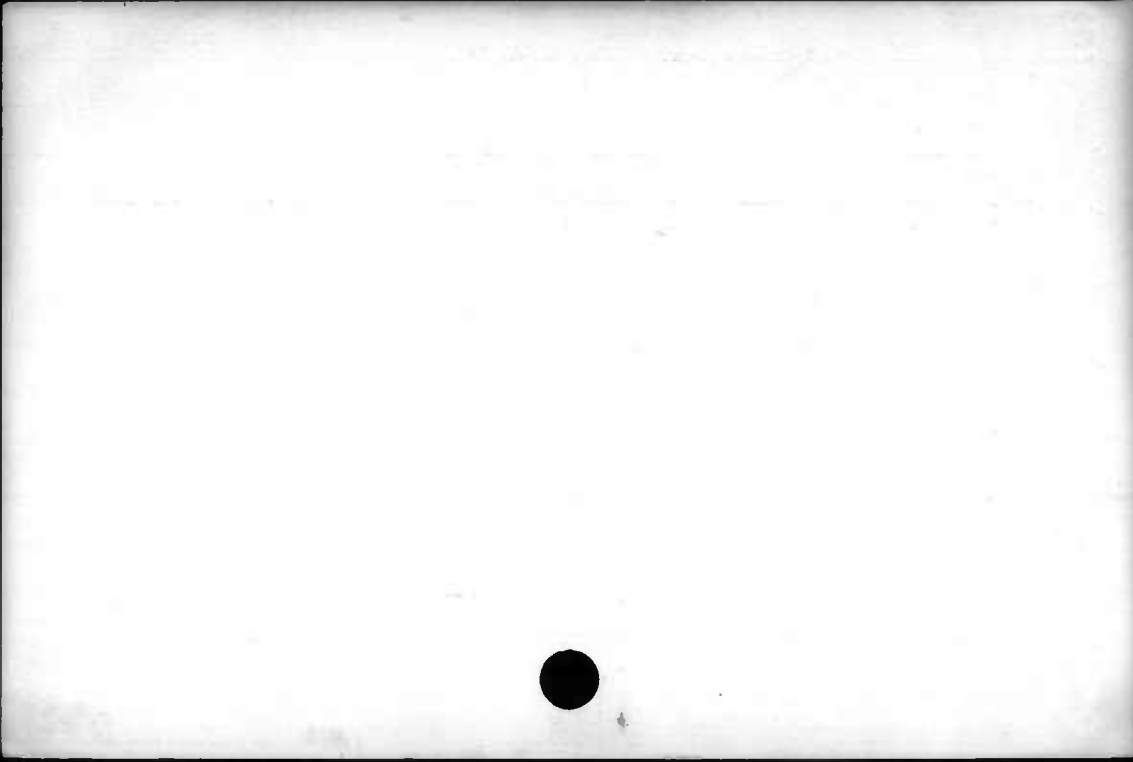
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <i>Jan</i>	Day <i>23</i>	Years <i>21</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Dor C Md</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Worked in factory</i>		
Name of Wife or Husband					
Father's Name <i>Isaac H W Parks</i>			Father's Birthplace <i>Somerset C Md</i>		
Mother's Maiden Name <i>May P Dorsey</i>			Mother's Birthplace " " "		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pleur - Pneumonia</i>	How long	<i>45</i>	<i>8 months</i>
Immediate	<i>Sarcoma of lung</i>	How long		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>B W Gulesborough</i>		
		Address <i>Cambridge Ma</i>		
Accident or Suicide?				



Violet Leona Phillips

Town

County

Died at

Fishing Creek

Dorchester Co

MARYLAND

Date 1903

Month Day  
Jan 4

Age

Y. M. D.  
1 5 28

Native of

Ind

Occupation

—

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Infant

Husband

of

Wife

Father's

Name

Augustus Elwood Phillips

Mother's

Maiden Name

Laura Aaron

Cause of

Primary

Gunshot wound of Face

How long sick

Death

Immediate

+ Cranium

1976

Accident, Suicide, Homicide

Reported by

W. H. Houston Ind.

Address

Fishing Creek Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Margery I Spedden

## CERTIFICATE OF DEATH

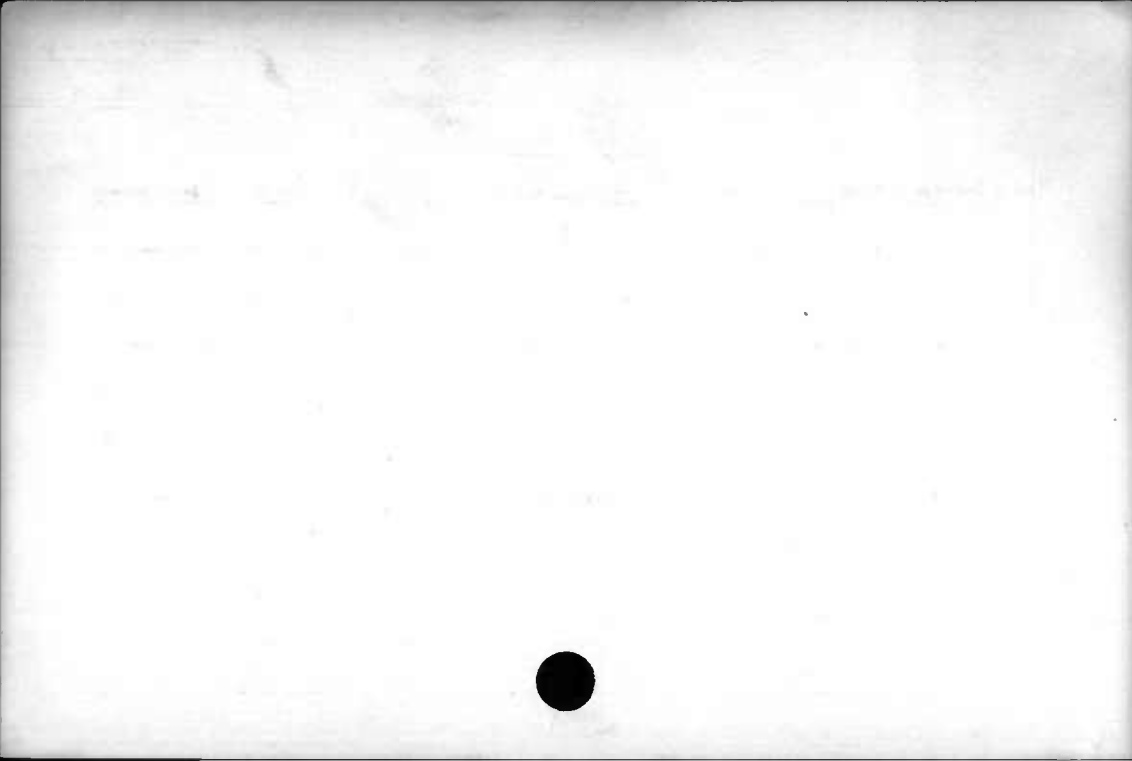
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Lloyds</b> <small>Town</small>		<b>Worcester</b> <small>County</small>		MARYLAND	
Date of death 1903	Month <b>Jan</b>	Day <b>17</b>	Years <b>6</b>	Months <b>9</b>	Days
Sex <b>Female</b>	Color or Race <b>White</b>		Birth-place <b>Gov. Co Md</b>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <b>Edw. E. Spedden</b>			Father's Birthplace <b>Gov. Co Md</b>		
Mother's Maiden Name <b>Ellen E. Travers</b>			Mother's Birthplace <b>Gov. Co Md</b>		
Name of person giving information <b>S A Stokes</b>			How related to deceased <b>none</b>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Typhoid fever</b>	How long <b>6 weeks</b>
Immediate <b>Peritonitis</b>	How long <b>3 days</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>S A Stokes</b>
	Address <b>Cambridge Md</b>
	<b>R. 46 # 5</b>
Accident or Suicide?	



Name in Full

Certificate of Death

*Norman Trego.*  
 Died at *Cambridge* Town *Dorchester* County *MARYLAND*

Date 19 *03* Month *1* Day *13* Age *3* Y. *3* M. *3* D. Native of *Ind* Occupation *Child*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Number of children living

Husband of

Wife

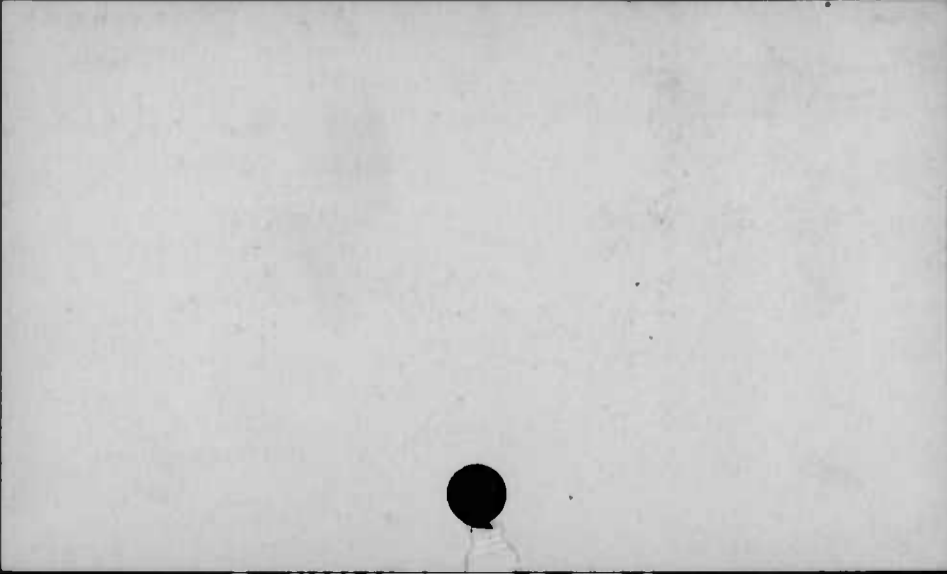
Father's Name *Wm. G. Trego.* Mother's Name *Katie Ewing.*

Cause of Death { Primary *Broncho-Pneumonia* Immediate *Heart Failure* } How long sick *8 days* *92* Accident, Suicide, Homicide

Reported by *E. E. Wolff M. D.*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Joe Willey

Town

County

Died at Dorchester

MARYLAND

Date 1903 Jan. 19

Month Day

Y. M. D.

Native of

Occupation

Age 58 - - Dorchester Co. Farmer

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

~~Husband~~ of~~Wife~~

Father's

Mother's

Name,

Maiden Name

Cause of

Primary

Rheumatism

Death

Immediate

Carditis

How long sick

Several weeksAccident, Suicide, Homicide

Reported by

R. J. Price  
Vienna, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Infant

Died at Cambridge Town Dorchester County MARYLAND

Date 19 33 Jan. 16 Month Day Y. M. D. Age — — 16 Native of Ind Occupation —

Male White Married Widow Divorced  
Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Isaac H. Wilson Mother's Maiden Name Jennie Coster

Cause of Death { Primary Acute Broncho-pneumonia How long sick 5 days  
 Immediate 92 Accident, Suicide, Homicide

Reported by

Address

Wilbur A. Drake M.D.  
Cambridge Dorchester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

